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Sandra Stocklinski

Name (Print)

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/689,279  
Applicant : KOSOLA et al.  
Filed : October 12, 2000  
TC/A.U. : 1724  
Examiner : Robert J. POPOVICS

Confirmation No.: 7791

Attorney Docket No. : 5070-006  
Customer No.: 35411

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

This Amendment is in response to the Non-Final Office Action mailed January 6, 2004, for which the Examiner has set a three-month period for response, thus making a response due on or before April 6, 2004.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 14 of this paper.

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DATE: March 25, 2004

TO: Examiner Robert J. POPOVICS  
Group Art Unit 1724  
Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/689,279  
Filed: October 12, 2000  
Confirmation No.: 7791  
Attorney Docket No.: 5070-006

FROM: Leonard D. Bowersox

FAC. NO.: (703) 872-9306

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 17

Items Attached: Transmittal Form 1 Page  
Amendment 15 Pages

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/689,279
		Filing Date	October 12, 2000
		First Named Inventor	Antti KOSOLA
		Group Art Unit	1724
		Examiner Name	Robert J. POPOVICS
Total Number of Pages in This Submission	17	Attorney Docket Number	5070-006
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	
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